

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
ED-47 Rev. 7/97 (See Reverse Side of Form for Instructions)



1. ☐ INITIAL STATEMENT
DATE OF FORMATION
(MO., DAY, YR.)

2. ☐ AMENDED STATEMENT
DATE OF CHANGE
(MO., DAY, YR.)

3. NAME OF COMMITTEE

4. ADDRESS

5. CHAIRPERSON - PRESIDENT
(NAME, COMPLETE ADDRESS, ZIP)

6. TELEPHONE

7. TREASURER (NAME, COMPLETE ADDRESS, ZIP)

8. TELEPHONE

9. DEPUTY TREASURER (NAME, COMPLETE ADDRESS, ZIP)

10. TELEPHONE

11. OTHER OFFICER (NAME, TITLE, COMPLETE ADDRESS, ZIP)

12. TELEPHONE

13. DEPOSITORY INSTITUTION (NAME & ADDRESS, AND ZIP)

14. THIS STATEMENT IS BEING
FILED BY:
(X ONE)

- ☐ TWO OR MORE INDIVIDUALS
☐ BUSINESS ENTITY
☐ ORGANIZATION
☐ CANDIDATE (OFFICE UNDETERMINED)
☐ GENERAL ASSEMBLY OR STATE OFFICE, INCLUDING STATE TREASURER
☐ GENERAL ASSEMBLY OR STATE OFFICE, EXCLUDING STATE TREASURER
☐ OTHER OFFICES
☐ TWO OR MORE COMMITTEES (FUND-RAISING EVENTS)
☐ SLATE OF CANDIDATES

15. PURPOSE OF COMMITTEE:
(X ONE)

- ☐ ONGOING POLITICAL ACTIVITIES
☐ SINGLE ELECTION
DATE _____
☐ SINGLE PRIMARY
DATE _____
☐ SINGLE REFERENDUM
DATE _____
☐ CONSTITUTIONAL AMENDMENT
DATE _____
☐ TO CONDUCT FUND-RAISING
EVENT(S)
DATE(S) _____

16. NAME OF THE CANDIDATE FOR UNDETERMINED OFFICE

17. IF THE COMMITTEE IS ESTABLISHED BY A BUSINESS ENTITY OR ORGANIZATION ENTER NAME HERE:

IF THE COMMITTEE IS FORMED BY AN ORGANIZATION HOW WILL FUNDS BE RECEIVED?

- ☐ FROM TREASURY ☐ VOLUNTARY CONTRIBUTIONS

18. MEMBERS OF THE COMMITTEE OTHER THAN INDIVIDUALS (I.E., CORPORATIONS, BUSINESS ORGANIZATIONS, LABOR ORGANIZATIONS):

NAME _____
NAME _____

19. IS THE COMMITTEE ESTABLISHED BY OR ON BEHALF OF A LOBBYIST, MEMBER OF THE GENERAL ASSEMBLY OR ELECTED STATE OFFICER?

- ☐ NO ☐ YES (IF YES, NAME) _____

*ADDITIONAL CERTIFICATION MAY BE REQUIRED - SEE INSTRUCTIONS

20. IS THE COMMITTEE ALSO FILING REPORTS WITH THE FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

- ☐ YES (IF YES, NAME) _____
☐ NO

21. IS THE COMMITTEE SUPPORTING THE ENTIRE TICKET OR SLATE OF CANDIDATES OF A POLITICAL PARTY?

- ☐ YES ☐ NO
IF YES, WHICH PARTY?
☐ DEMOCRATIC ☐ REPUBLICAN ☐ OTHER _____

22. CANDIDATES SUPPORTED OR OPPOSED (NOT APPLICABLE TO COMMITTEES FORMED FOR ONGOING ACTIVITIES)

NAME	OFFICE SOUGHT	PARTY AFFILIATION	SUPPORT	OPPOSE
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

23. ☐ CONSTITUTIONAL AMENDMENT OR ☐ REFERENDUM QUESTION

SUBJECT MATTER

SUPPORT OPPOSE

☐ ☐
☐ ☐

I, the undersigned, do hereby accept the responsibilities of campaign treasurer of the above name committee, until the Committee is terminated. I understand that I may resign at any time by notifying the chairperson/candidate and by filing a letter of resignation with the proper authority (Secretary of the State/Town Clerk).

TREASURER (SIGNATURE)

DATE

I, the undersigned, do hereby accept the responsibilities of deputy campaign treasurer of the above name committee, until the Committee is terminated. I understand that I may resign at any time by notifying the chairperson/candidate and by filing a letter of resignation with the proper authority (Secretary of the State/Town Clerk). I understand that I assume the duties as treasurer if the treasurer is unable to perform his duties for any reason.

DEPUTY TREASURER (SIGNATURE)

DATE

I, the undersigned, do hereby certify that I am the chairperson/candidate named above; that I have appointed the persons named above, electors of the State of Connecticut, as Campaign Treasurer and Deputy Campaign Treasurer, if any, and they have accepted such appointments in conformity with the requirements of Chapter 150 of the Connecticut General Statutes.

CHAIRPERSON/PRESIDENT OR CANDIDATE FOR UNDETERMINED OFFICE (SIGNATURE)

DATE

Any person who knowingly and willfully violates any provision of Chapter 150, C.G.S. shall be fined not more than \$5,000 or imprisoned not more than five years or both. (Sec. 9-333y C.G.S.)

INSTRUCTIONS

- Type or print clearly all information requested.
- This form must be filed with the Secretary of the State or Town Clerk by a Political Committee prior to the solicitation, receipt or expenditure of any funds; except if any Political Committee is organized within 10 days of any primary, election or referendum in connection with which it intends to make any contributions or expenditures it shall immediately file this form.

WHERE TO FILE THIS FORM?

WITH A TOWN CLERK ONLY:

Political Committees formed to aid or promote the success or defeat of any candidate for town, city or borough office and any candidate for the position of town committee member must file with the Town Clerk of the municipality; any Political Committee formed solely to aid or promote the success or defeat of a question to be voted upon at an election or referendum by the electors of a single municipality must file only with the Town Clerk of the municipality.

WITH THE SECRETARY OF THE STATE, CAMPAIGN FINANCE SECTION, 30 TRINITY ST., P.O. BOX 150470, HARTFORD, CT 06115-0470

- All political Committee except those required to be filed with the Town Clerk.

1. INITIAL STATEMENT:

Check this box and enter the date of formation of the committee, if the committee has just been formed.

2. AMENDED STATEMENT:

Check this box and enter the effective date of the change to information filed on a previous statement. To amend a previous statement, complete the new statement in its entirety. Any addition or change in information must be submitted on an amended statement by the Committee Chairperson within 10 days of the addition or change.

3. NAME OF COMMITTEE:

Provide the complete name of the committee. Acronyms should be placed in parenthesis following the committee's name in full.

4. ADDRESS

Provide the complete address of the committee; number, street, town, state, and zip code. If the committee address is the same as the treasurer's address, provide the treasurer's address in this space.

5. CHAIRPERSON/PRESIDENT:

Provide the full name and complete address of the Chairperson or President of the committee; number, street, town, state, and zip code.

6. CHAIRPERSON/PRESIDENT'S PHONE NUMBER:

Provide Chairperson/President's daytime phone number.

7. TREASURER:

Provide the full and complete address of the Treasurer of the committee; number, street, town, state, and zip code.

8. TREASURER'S PHONE:

Provide the Treasurer's daytime phone number.

9. DEPUTY TREASURER (OPTIONAL):

If a Deputy is appointed, provide the full name and complete address of the Deputy Treasurer of the committee; number, street, town, state, and zip code.

10. DEPUTY TREASURER'S PHONE:

Provide the Deputy Treasurer's daytime phone number.

11. OTHER OFFICER (OPTIONAL):

Provide the full name, title and complete address of any other officer of the committee; number, street, town, state, and zip code.

12. OTHER OFFICER'S PHONE:

Provide the Other Officer's daytime phone number.

13. DEPOSITORY INSTITUTION:

Provide the complete name, address and zip code of the financial institution located in this state which serves as the depository of the committee's funds. A single checking account must be established.

14. STATEMENT FILED BY:

TWO OR MORE INDIVIDUALS - Check this box if committee is being organized by two or more individuals, a nonstock nonprofit corporation, Women's Clubs, Taxpayers' Groups, PTOs. Other ideological groups typically fall into this category.

ORGANIZATION - Check this box if the committee is being organized by a Labor organization or trade or professional association which receives its funds exclusively from membership dues. See Section 9-333a(6). C.G.S.

BUSINESS ENTITY - Check this box if the committee is being organized by a Stock corporation, bank, insurance company, business association, trade or professional association which receives funds from membership dues and other sources, partnership, joint venture; private foundation, trust or estate, cooperative and any other association, organization or entity which is engaged in the operation of a business or profit-making activity. This box should also be checked by a business entity which exceeds the threshold for filing in a referendum. See Sections 9-333a(7) and 9-333v(d), C.G.S.

CANDIDATE (OFFICE UNDETERMINED) - Check this box if the committee is organized by a candidate who has not determined which particular office to which he desires to seek nomination or election. The candidate must be considering more than one office to run for in order to qualify for the formation of this committee. Candidates who are considering a run for a State Office (ie. Governor, Lt. Governor, Atty. General, State Treasurer, Comptroller, Secretary of the State) or the General Assembly (ie. State Senator, State Representative) must check appropriate box. Candidate and exploratory committees for State Office or the General Assembly are prohibited from receiving contributions from lobbyists during legislative sessions. See Section 9-333l(e), Connecticut General Statutes. Also, if the candidate is considering a run for State Treasurer, he must check the appropriate box. (General Assembly or State Office, including State Treasurer.) Candidate and exploratory committees for State Treasurer are prohibited from receiving contributions by individuals associated with, and political committees established by, any investment services firm which receives compensation or fees from the State Treasurer. See Sections 9-333n(f), 9-333o(f) and 1-84(n), Connecticut General Statutes.

TWO OR MORE COMMITTEES - Check this box if the committee is being organized by two or more committees to hold a fund-raising event or events. See Sections 9-333k(a) and 9-333l(a), C.G.S.

SLATE OF CANDIDATES - Check this box if the committee is being organized by a slate of candidates under the very specific provisions of Section 9-333f(b), C.G.S.

15. PURPOSE OF THE COMMITTEE:

Check one box which states the exact purpose for which the political committee has been formed.

ONGOING POLITICAL ACTIVITIES - A committee with continuous existence, independent of any single election, primary or referendum.

SINGLE ELECTION DATE - A committee formed for a single election, must provide the date of the election.

SINGLE PRIMARY DATE - A committee formed for a single primary, must provide the date of the primary.

SINGLE REFERENDUM DATE - A committee formed for a single referendum, must provide the date of the referendum.

CONSTITUTIONAL AMENDMENT DATE - A committee formed for a constitutional amendment, must provide the date of the amendment vote.

TO CONDUCT FUND-RAISING EVENT(S) - A committee formed for a fund-raising event, must provide the date of the fundraising event.

16. NAME OF CANDIDATE FOR UNDETERMINED OFFICE:

If the committee has been formed for a candidate for undetermined office, provide the full name of the candidate.

17. PARENT GROUP IDENTIFICATION:

If the committee is established by a Business Entity or Organization, provide the full name of the Business Entity or Organization. If the committee is formed by an Organization, check the box which indicates how the committee will receive funds (check only one box). See Section 9-333p, C.G.S.

18. MEMBERS OF THE COMMITTEE OTHER THAN INDIVIDUALS:

If the committee is established by an association of Business Entities or Organizations, list the members of the association other than individuals in this space.

19. IS THE COMMITTEE ESTABLISHED BY OR ON BEHALF OF A LOBBYIST, MEMBER OF THE GENERAL ASSEMBLY OR ELECTED STATE OFFICER?

Check the applicable box. If yes, provide the name of the lobbyist, General Assembly member or elected State Officer. A committee formed by or on behalf of a lobbyist must also complete Form B-3. A committee which is not formed by or on behalf of a member of the General Assembly or elected State Officer must file Form B-2 in order to receive lobbyist contributions during legislative sessions. See Section 9-333l(f), Connecticut General Statutes.

20. FILING WITH OTHER AGENCIES:

Is the committee also filing reports with the Federal Election Commission or any out-of-state election agency? Check the appropriate box. If yes, name the agency.

21. IS THE COMMITTEE SUPPORTING THE ENTIRE TICKET OR SLATE OF CANDIDATES OF A POLITICAL PARTY?

Check the appropriate box, yes or no. If yes, check the appropriate Political Party box.

22. CANDIDATES SUPPORTED OR OPPOSED:

If the committee has been formed for a single election or single primary, list the candidates specifically supported or opposed. Provide the full name of the candidate, office sought, party affiliation and check whether the candidate is supported or opposed by the committee. Attach addendum if more space is needed.

23. CONSTITUTIONAL AMENDMENT OR REFERENDUM QUESTION:

If the committee is established to support or oppose any constitutional amendment, referendum question or question to be voted upon at any election, check the appropriate box and provide a brief statement identifying the substance of each such amendment or question.

TREASURER, DEPUTY TREASURER AND CHAIRPERSON OR CANDIDATE FOR UNDETERMINED OFFICE (SIGNATURES) DATE:

This Statement must be signed and dated by the Treasurer and Deputy Treasurer, if any, as well as Chairperson or Candidate for Undetermined Office.